

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AX	69861	5/12
O.I.P.E. CLASSIFIER		5	5-17-99
FORMALITY REVIEW		70608	5-24-99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	8/1/99
2	11/29/00
3	7/10/2001
5	11/13/2001
6	4/1/2001
7	7/2/01
8	11/9/02
9	6/5/02
10	6/8/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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